



URBAN AND COMMUNITY FORESTRY PROGRAM

EMERALD ASH BORER COMMUNITY ASSESSMENT SURVEY

This information is required by Authority of Part 5 of Act 451, P.A. 1994, as amended, and the U.S. Cooperative Forestry Assistance Act of 1978, CDA 10.664, in order to be considered for a grant.

INSTRUCTIONS: Please answer the following questions as completely as possible.

This is an assessment of the community's public tree resource and capacity to manage and maintain them. Public trees are defined as trees located on public property or in public rights-of-way that are the responsibility of the county, city, town, township, or village. Public trees are commonly found on streets, in cemeteries and parks, along rivers, and next to municipal buildings. When completing this assessment, please consider public trees only, unless otherwise noted.

The information requested in this survey will be used to help determine the local capacity to deliver urban and community forestry activities and identify the type of assistance required by your community.

Additionally, responses to questions 5 – 10** will be considered during application review to help determine overall impact and need for assistance due to Emerald Ash Borer (EAB) infestation. For the purposes of this grant program, "Impact" is defined as loss of Ash trees as a direct result of EAB infestation (either removed, currently dead or dying).

GENERAL

Applicant Name (County, City, Township, Village Etc.)		Tree City USA? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date
Applicant Contact Person	Email	Telephone	FAX
Address		Population	Number of Street Miles
City, State, ZIP		County	Township
1. Are tree care duties handled in-house or by contracting? (i.e., designated dept. or hired by contract)? If "in-house", please list designated department(s):		<input type="checkbox"/> In-house <input type="checkbox"/> Contracted	
<hr/> <hr/> <hr/>			
2. Does your community employ a designated individual, such as a city forester, to oversee the management and maintenance of public trees?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please provide the following information:			
Name		Department	
Title		Phone	
Email			
3. Does your community have a tree board, parks board or other similar group that establishes policy for tree management? If yes, please define type:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Tree Board <input type="checkbox"/> Park Board <input type="checkbox"/> Volunteer Community Tree Group <input type="checkbox"/> Other:			
4. Does your community have: (please attach copies if available)			
A tree management or urban forestry management plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
A community tree ordinance? (may cover public and private trees)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there other ordinances or codes that contain tree regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

ASH TREES AND EMERALD ASH BORER (EAB)

5. Has EAB been confirmed in your community by the Michigan Department of Agriculture? ☐ Yes ☐ No
If YES, please estimate the date:
-
6. Has your community officially discontinued planting of ash trees (change in ordinance)? ☐ Yes ☐ No
If NO, please explain why
-
7. Is your community currently treating, or planning to treat ash trees in any way? ☐ Yes ☐ No
If YES, please briefly explain:
-
8. Does your community have an estimate or actual count of the following? If YES, please indicate totals
- | | | | | | |
|------------------------------|-----------------------------|---|--|---------------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Total number of Ash trees | | <input type="checkbox"/> Actual | <input type="checkbox"/> Estimated |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Number of Ash trees infested, dead or dying | | <input type="checkbox"/> Actual | <input type="checkbox"/> Estimated |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Number of Ash trees removed | | <input type="checkbox"/> Actual | <input type="checkbox"/> Estimated |
9. If possible, please estimate or provide actual EAB expenses incurred by your community for the following:
- Since June, 2002 -**
- | | | | | |
|--|----|--|---------------------------------|------------------------------------|
| <input type="checkbox"/> Ash tree removals | \$ | | <input type="checkbox"/> Actual | <input type="checkbox"/> Estimated |
| <input type="checkbox"/> Ash wood disposal (grinding, hauling etc.) | \$ | | <input type="checkbox"/> Actual | <input type="checkbox"/> Estimated |
| <input type="checkbox"/> Insecticide/chemical treatments (sprays, injections etc.) | \$ | | <input type="checkbox"/> Actual | <input type="checkbox"/> Estimated |
| <input type="checkbox"/> Other (specify): | \$ | | <input type="checkbox"/> Actual | <input type="checkbox"/> Estimated |

10. Other comments (attach separate sheet as necessary)

BUDGET SECTION

11. Are annual funds budgeted specifically for tree maintenance and management? ☐ Yes ☐ No
12. Are separate funds budgeted specifically for tree planting?
 If NO, how does your community finance tree planting (i.e. grants, donations etc.)? ☐ Yes ☐ No
-
13. If tree care activities are budgeted, approximately what percentage is dedicated to:
- | | | |
|---|--|---|
| Planting _____ % | Removals _____ % | Maintenance (pruning, fertilizer, etc.) _____ % |
| Management (inventory, planning etc.) _____ % | Staffing (salaries, conferences, workshops etc.) _____ % | |
| Other _____ % | | |
14. What was the approximate total budget for all tree care activities each of the last four (4) years?

YEAR:	2002	2003	2004	2005
AMOUNT :	\$	\$	\$	\$

COMMUNITY TREE INVENTORY

15. Have the trees on community public property ever been inventoried? ☐ Yes ☐ No
 IF YES, when? _____ And is the inventory computerized? ☐ Yes ☐ No

16. Total number of trees inventoried: _____	17. Percentage of city which was inventoried(if known): _____ %	18. How often is the inventory updated? Every _____ years <input type="checkbox"/> Continuously <input type="checkbox"/> Not regularly
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19. Please list the top three (3) species of trees (ash, maple, oak, linden, etc.) and roughly the percentage of trees of each species in your community (Public trees). **ATTACH A COMPLETE SUMMARY PRINTOUT IF AVAILABLE.**

SPECIES	PERCENTAGE (%)
_____	%
_____	%
_____	%

PLANTING

20. On average, how many public trees does your community plant each year?	NUMBER OF TREES
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21. What is the typical caliper size of new trees planted by your community?	SIZE RANGE (diameter)
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22. Does your community specify a minimum or maximum caliper size for new tree plantings? ☐ Yes ☐ No
 (e.g. 1" diameter min. or 3" diameter max.) *If YES, briefly explain:*

23. Has your community established specific species diversity guidelines for tree plantings? ☐ Yes ☐ No
If YES, please explain

24. Does your community have a tree maintenance plan to cover three (3) years after planting? ☐ Yes ☐ No

25. Does your community sponsor any type of homeowner tree planting program? *(If YES, briefly explain)* ☐ Yes ☐ No

26. Does your community **typically** purchase plant materials from a Michigan nursery? ☐ Yes ☐ No

27. Other comments *(Attach separate sheet as necessary)*

REMOVAL

28. On average, how many public trees are removed in your community each year?	NUMBER OF TREES
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29. Please approximate the average size tree removed in your community?	SIZE RANGE (diameter)
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30. What is the average cost for the removal of a tree in your community?	COST (\$)
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31. Does your community have a condemnation ordinance or similar policy related to removing diseased or insect-infested trees on public or private property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Does your community conduct hazard tree assessments on a regular basis? <i>(If NO, please describe the process for prioritizing tree removals)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Does your community contract for waste wood disposal (i.e. grinding, chipping, and hauling)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Does your community have, or plan to begin, a wood utilization program other than wood chips and firewood? <i>(If YES, please explain)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Other comments <i>(Attach separate sheet as necessary)</i>		
NEEDS PROFILE		
36. A state assistance program is available to help expand or improve your community tree program. What format would you prefer the assistance take? (RANK 1-7, 1 being most preferred. Use each number only once.)		
Grants (cost-share) _____	Printed Material (newsletters, fact sheets, manuals) _____	
One-on-one consultation _____	Videos, PowerPoint presentations, CD's or other multi-media _____	
Instructional workshops _____	Other (specify): _____	
State conference to share ideas _____	_____	
37. Of the assistance currently available, which of the following activities would you rate as a priority? (Check <input checked="" type="checkbox"/> Up To 5)		
<input type="checkbox"/> Species recommendations & planting design	<input type="checkbox"/> Develop a community tree board	
<input type="checkbox"/> Develop specifications for contracting tree work	<input type="checkbox"/> Develop a volunteer involvement/management program	
<input type="checkbox"/> Tree planting	<input type="checkbox"/> Develop or revise a community tree ordinance	
<input type="checkbox"/> Develop a community tree nursery	<input type="checkbox"/> Find new sources of revenue for tree management	
<input type="checkbox"/> Tree pruning	<input type="checkbox"/> Develop or revise a master street tree or urban forestry plan	
<input type="checkbox"/> Obtain hard to get tree species	<input type="checkbox"/> Perform or update a tree inventory	
<input type="checkbox"/> Remove dead and dangerous trees	<input type="checkbox"/> Computerize inventory operations	
<input type="checkbox"/> Develop alternatives for wood residue disposal	<input type="checkbox"/> Other (specify) _____	
<input type="checkbox"/> Insect and disease management	_____	
<input type="checkbox"/> Employee training	<input type="checkbox"/> Other (specify) _____	
<input type="checkbox"/> Fertilization	_____	
<input type="checkbox"/> Develop a public awareness program	_____	

38. When you need information or assistance, where do you obtain it? (✓ Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Another city forester | <input type="checkbox"/> County conservation district |
| <input type="checkbox"/> Private consultant | <input type="checkbox"/> Utility company |
| <input type="checkbox"/> Tree or landscape company | <input type="checkbox"/> Internet (web) |
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Michigan Forestry and Parks Association (MFPA) |
| <input type="checkbox"/> College or university faculty | <input type="checkbox"/> Professional organization (specify) _____ |
| <input type="checkbox"/> USDA forest service | _____ |
| <input type="checkbox"/> Department of Natural Resources | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> MSU extension | _____ |

39. Do you have any other comments? (Attach separate sheet as necessary)

Return this Completed Assessment Survey and Emerald Ash Borer Tree Planting Grant Application to:

**EMERALD ASH BORER TREE PLANTING GRANT PROGRAM
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30452
LANSING MI 48909-7952**

Telephone: 517-241-1833

Fax: 517-373-2443

Email: grayk@michigan.gov

TTY/TDD: 711 (Michigan Relay Center)